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Europäisches  
Patentamt

European  
Patent Office

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EPA / EPO / OEB : D-80298 München

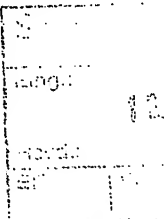
Patentanwalt

Jacoby, georg

SAMSON & PARTNER

Widenmayerstr. 5

80538 München



Nr. der Anmeldung / Application No. / Demande de brevet no

**PCT/EP 0 3 / 0 7 2 8 3**

Tag des Eingangs / Date of receipt / Date de réception

**07.07.2003**

Zeichen des Anmelders / Vertreter - Applicant / Representative ref. no.  
- Référence du demandeur ou du mandataire

**N2515004WOP00Je**

Anmelder / Applicant / Demandeur : **Nira Dynamics AB**

Datum / Date **08.07.03**

### Empfangsbescheinigung / Receipt for documents / Récépissé de documents

Das Europäische Patentamt bescheinigt hiermit den Empfang folgender Dokumente:  
The European Patent Office hereby acknowledges the receipt of the following:  
L'Office européen des brevets accuse réception des documents indiqués ci-dessous:

A.	Internationale Anmeldung / International application / Demande Internationale	Stückzahl / No. of copies / Nombre d'exemplaires	
<input checked="" type="checkbox"/>	Antrag / Request / Requête	<u>1</u>	Kopie der allgemeinen Vollmacht Copy of general power of attorney Copie du pouvoir général
<input checked="" type="checkbox"/>	Beschreibung (ohne Sequenzprotokollteil) Description (excluding sequence listing part) Description (sauf partie réservée au listage des séquences	<u>3</u>	Prioritätsbeleg(e) Priority document(s) Document(s) de priorité
<input checked="" type="checkbox"/>	Patentansprüche / Claim(s) / Revendication(s)	<u>3</u>	Blatt für die Gebührenberechnung Fee calculation sheet Feuille de calcul des taxes
<input checked="" type="checkbox"/>	Zusammenfassung / Abstract / Abrégé	<u>3</u>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Zeichnung(en) / Drawing(s) / Dessin(s)	<u>3</u>	<input checked="" type="checkbox"/> Abbuchungsauftrag Debit order Ordre de débit
<input type="checkbox"/>	Sequenzprotokollteil der Beschreibung Sequence listing part of description Partie de la description réservée au listage des séquences	<u>        </u>	<input checked="" type="checkbox"/> Scheck Cheque Chèques
<input type="checkbox"/>	Diskette / Disquette	<u>        </u>	<input type="checkbox"/> Sonstige Unterlagen (einzeln aufführen) Other documents (specify) Autres documents (préciser)
			<b>Währung/Currency/Monnaie Betrag/Amount/Montant</b>
			<b>EUR 2289</b>
<b>Ausfüllung freigestellt / Optional / facultatif</b>			
<b>B. Beigefügte Dokumente / Accompanying documents / Éléments joints</b>			
<b>Gesonderte unterzeichnete Vollmacht Separate signed power of attorney Pouvoir distinct signé</b>			

Die genannten Unterlagen sind am oben genannten Tag eingegangen. Die in der Kontrollliste (Feld VIII) des PCT-Antragformulars RO/101 angegebenen Blattzahlen wurden bei Eingang nicht geprüft. Die Anmeldung hat ebenfalls oben angeführte Anmeldenummer erhalten / The said items were received on the date indicated above. No check was made on receipt that the number of sheets indicated in the check list (box VIII) of the PCT Request Form RO/101 were correct. The application has been assigned the above-indicated application number / Les documents mentionnés ont été reçus à la date indiquée. L'exactitude du nombre de feuilles indiqué au bordereau (cadre VIII) du formulaire de requête PCT RO/101 n'a pas été contrôlée lors du dépôt. Le numéro figurant ci-dessus a été attribué à la demande de brevet.

Unterschrift / Untersigner / Signature / Official Stamp / Signature / Cachet officiel  
**R. Gebert**

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum) N2515004WOP00Je

Box No. I TITLE OF INVENTION  
TIRE PRESSURE ESTIMATION

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

NIRA Dynamics AB  
Teknikringen 1F  
58330 Linköping  
SE

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:  
SE

State (that is, country) of residence:  
SE

This person is applicant for the purposes of:

☐ all designated States

☒ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)  
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

HALL, Peter  
Fanjunkaregatan 126  
58216 Linköping  
SE

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
SE

State (that is, country) of residence:  
SE

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

JACOBY, Georg

SAMSON & PARTNER  
Widenmayerstr. 5  
80538 München  
DE

Telephone No.

+49 89 2919820

Facsimile No.

+49 89 299465

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GUSTAVSSON, Tony  
Gustavsbergsgatan 8  
43137 Mölndal  
SE

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
SE

State (that is, country) of residence:  
SE

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GUSTAVSSON, Fredrik  
Farskinnsvägen 19  
58666 Linköping  
SE

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
SE

State (that is, country) of residence:  
SE

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

LINDSKOG, Peter  
Bygdegatan 420  
58331 Linköping  
SE

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
SE

State (that is, country) of residence:  
SE

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

FORSSELL, Urban  
Farsaxvägen 49  
58666 Linköping  
SE

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:  
SE

State (that is, country) of residence:  
SE

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

See Notes to the request form

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....
- ☒ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates               | <input checked="" type="checkbox"/> HR Croatia                                   | <input checked="" type="checkbox"/> OM Oman                             |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda                | <input checked="" type="checkbox"/> HU Hungary                                   | <input checked="" type="checkbox"/> PG Papua New Guinea                 |
| <input checked="" type="checkbox"/> AL Albania                            | <input checked="" type="checkbox"/> ID Indonesia                                 | <input checked="" type="checkbox"/> PH Philippines                      |
| <input checked="" type="checkbox"/> AM Armenia                            | <input checked="" type="checkbox"/> IL Israel                                    | <input checked="" type="checkbox"/> PL Poland                           |
| <input checked="" type="checkbox"/> AT Austria                            | <input checked="" type="checkbox"/> IN India                                     | <input checked="" type="checkbox"/> PT Portugal                         |
| <input checked="" type="checkbox"/> AU Australia                          | <input checked="" type="checkbox"/> IS Iceland                                   | <input checked="" type="checkbox"/> RO Romania                          |
| <input checked="" type="checkbox"/> AZ Azerbaijan                         | <input checked="" type="checkbox"/> JP Japan                                     | <input checked="" type="checkbox"/> RU Russian Federation               |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina             | <input checked="" type="checkbox"/> KE Kenya                                     | <input checked="" type="checkbox"/> SC Seychelles                       |
| <input checked="" type="checkbox"/> BB Barbados                           | <input checked="" type="checkbox"/> KG Kyrgyzstan                                | <input checked="" type="checkbox"/> SD Sudan                            |
| <input checked="" type="checkbox"/> BG Bulgaria                           | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea     | <input checked="" type="checkbox"/> SE Sweden                           |
| <input checked="" type="checkbox"/> BR Brazil                             | <input checked="" type="checkbox"/> KR Republic of Korea                         | <input checked="" type="checkbox"/> SG Singapore                        |
| <input checked="" type="checkbox"/> BY Belarus                            | <input checked="" type="checkbox"/> KZ Kazakhstan                                | <input checked="" type="checkbox"/> SK Slovakia                         |
| <input checked="" type="checkbox"/> BZ Belize                             | <input checked="" type="checkbox"/> LC Saint Lucia                               | <input checked="" type="checkbox"/> SL Sierra Leone                     |
| <input checked="" type="checkbox"/> CA Canada                             | <input checked="" type="checkbox"/> LK Sri Lanka                                 | <input checked="" type="checkbox"/> SY Syrian Arab Republic             |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LR Liberia                                   | <input checked="" type="checkbox"/> TJ Tajikistan                       |
| <input checked="" type="checkbox"/> CN China                              | <input checked="" type="checkbox"/> LS Lesotho                                   | <input checked="" type="checkbox"/> TM Turkmenistan                     |
| <input checked="" type="checkbox"/> CO Colombia                           | <input checked="" type="checkbox"/> LT Lithuania                                 | <input checked="" type="checkbox"/> TN Tunisia                          |
| <input checked="" type="checkbox"/> CR Costa Rica                         | <input checked="" type="checkbox"/> LU Luxembourg                                | <input checked="" type="checkbox"/> TR Turkey                           |
| <input checked="" type="checkbox"/> CU Cuba                               | <input checked="" type="checkbox"/> LV Latvia                                    | <input checked="" type="checkbox"/> TT Trinidad and Tobago              |
| <input checked="" type="checkbox"/> CZ Czech Republic                     | <input checked="" type="checkbox"/> MA Morocco                                   | <input checked="" type="checkbox"/> TZ United Republic of Tanzania      |
| <input checked="" type="checkbox"/> DE Germany                            | <input checked="" type="checkbox"/> MD Republic of Moldova                       | <input checked="" type="checkbox"/> UA Ukraine                          |
| <input checked="" type="checkbox"/> DK Denmark                            | <input checked="" type="checkbox"/> MG Madagascar                                | <input checked="" type="checkbox"/> UG Uganda                           |
| <input checked="" type="checkbox"/> DM Dominica                           | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> US United States of America         |
| <input checked="" type="checkbox"/> DZ Algeria                            | <input checked="" type="checkbox"/> MN Mongolia                                  | <input checked="" type="checkbox"/> UZ Uzbekistan                       |
| <input checked="" type="checkbox"/> EC Ecuador                            | <input checked="" type="checkbox"/> MW Malawi                                    | <input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> EE Estonia                            | <input checked="" type="checkbox"/> MX Mexico                                    | <input checked="" type="checkbox"/> VN Viet Nam                         |
| <input checked="" type="checkbox"/> ES Spain                              | <input checked="" type="checkbox"/> MZ Mozambique                                | <input checked="" type="checkbox"/> YU Serbia and Montenegro            |
| <input checked="" type="checkbox"/> FI Finland                            | <input checked="" type="checkbox"/> NI Nicaragua                                 | <input checked="" type="checkbox"/> ZA South Africa                     |
| <input checked="" type="checkbox"/> GB United Kingdom                     | <input checked="" type="checkbox"/> NO Norway                                    | <input checked="" type="checkbox"/> ZM Zambia                           |
| <input checked="" type="checkbox"/> GD Grenada                            | <input checked="" type="checkbox"/> NZ New Zealand                               | <input checked="" type="checkbox"/> ZW Zimbabwe                         |
| <input checked="" type="checkbox"/> GE Georgia                            |  |   |
| <input checked="" type="checkbox"/> GH Ghana                              |  |   |
| <input checked="" type="checkbox"/> GM Gambia                             |  |   |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:  
☐ ..... ☐ .....

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

See Notes to the request form

**Supplemental Box**

*If the Supplemental Box is not used, this sheet should not be included in the request.*

1. *If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ...." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:*

(i) *if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;*

(ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;*

(iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;*

(iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*

(v) *if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;*

(vi) *if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.*

2. *If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.*

Continuation of Box No. IV

VON SAMSON-HIMMELSTJERNA, F.R.  
TURI, Michael R.A.  
NIEDERKOFER, Oswald A.  
LIPPICH, Wolfgang

SAMSON & PARTNER  
Widenmayerstr. 5  
80538 Munich  
DE

Tel. +49 89 2919820  
Fax. +49 89 299465

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

Where earlier application is:

The priority of the following earlier application(s) is/are		Where earlier application was filed		
Filing date of earlier application (day/month/year)	Number of earlier application	national application: country or Member of WTO	regional application: regional Office	international application: receiving Office
item (1)				
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ item (4) ☐ item (5) ☐ other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): . . . . .

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EPO

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of  
declarations

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i)   | Declaration as to the identity of the inventor   | : |
| <input type="checkbox"/> Box No. VIII (ii)  | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv)  | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | : |
| <input type="checkbox"/> Box No. VIII (v)   | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty   | : |

See Notes to the request form

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:  
(a) In paper form, the following number of sheets:

request (including declaration sheets)	6
description (excluding sequence listings and/or tables related thereto)	36
claims	7
abstract	1
drawings	13
<b>Sub-total number of sheets</b>	<b>63</b>
sequence listings	
tables related thereto	
<i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i>	
<b>Total number of sheets</b>	<b>63</b>

(b) ☐ only in computer readable form (Section 801(a)(i))  
 (i) ☐ sequence listings  
 (ii) ☐ tables related thereto  
 (c) ☐ also in computer readable form (Section 801(a)(ii))  
 (i) ☐ sequence listings  
 (ii) ☐ tables related thereto  
 Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the  
☐ sequence listings:  
☐ tables related thereto:  
*(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)*

This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

1. ☒ fee calculation sheet
2. ☐ original separate power of attorney
3. ☐ original general power of attorney
4. ☐ copy of general power of attorney; reference number, if any:
5. ☐ statement explaining lack of signature
6. ☐ priority document(s) identified in Box No. VI as item(s):
7. ☐ translation of international application into (language):
8. ☐ separate indications concerning deposited microorganism or other biological material
9. ☐ sequence listings in computer readable form (indicate type and number of carriers)  
 (i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)  
 (ii) ☐ (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter  
 (iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column
10. ☐ tables in computer readable form related to sequence listings (indicate type and number of carriers)  
 (i) ☐ copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)  
 (ii) ☐ (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)  
 (iii) ☐ together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column
11. ☐ other (specify):

Number of items

Figure of the drawings which should accompany the abstract: 1

Language of filing of the international application: English

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE  
 Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Dr. Georg Jacoby  
 European Patent Attorney

For receiving Office use only

1. Date of actual receipt of the purported international application:

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority (if two or more are competent): ISA /

6. ☐ Transmittal of search copy delayed until search fee is paid

2. Drawings:

☐ received:

☐ not received:

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

See Notes to the request form

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET  
Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's  
file reference

N2515004WOP00Je

Applicant

NIRA Dynamics AB

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

90.00 T

945.00 S

2. SEARCH FEE

International search to be carried out by EPO

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets }  
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

444.00 b1

b1 first 30 sheets

b2

33

number of sheets  
in excess of 30

10

fee per sheet

330.00 b2

b3

additional component (only if sequence listings and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x

fee per sheet

b3

774.00 B

Add amounts entered at b1, b2 and b3 and enter total at B

Designation Fees

The international application contains all designations.

5

number of designation fees  
payable (maximum 5)

96

amount of designation fee

480.00 D

Add amounts entered at B and D and enter total at I  
(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

1254.00 I

4. FEE FOR PRIORITY DOCUMENT (if applicable)

2289.00

5. TOTAL FEES PAYABLE

TOTAL

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☐ authorization to charge  
deposit account (see below)

☐ postal money order

☐ cash

☐ coupons

☒ cheque

☐ bank draft

☐ revenue stamps

☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT  
(This mode of payment may not be available at all receiving Offices)

☐ Authorization to charge the total fees indicated above.

☐ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

☐ Authorization to charge the fee for priority document.

Receiving Office: RO/

Deposit Account No.:

Date:

Name:

Signature:

See Notes to the fee calculation sheet



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